

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1011 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Zerefa Seifert
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 40 Years, _____ Months, _____ Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } Leadtown

Cause of Death, { First (Primary), Second (Immediate), } Enteritis
Spurred
by Lup

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 7, 1887

{ Undertaker, Bernard Hurler } M. D. B. H. Hurler

{ Place of Business, 15 West St. } Address, 15 West St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A 1012

OFFICE OF THE REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles F. Bullermann,

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 39 Years, 1 Months, 7 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Physician

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 1545 Boyle Ave.

Cause of Death, { First, (Primary.) Second, (Immediate.) } Bright's Disease of Kidney
Uremic symptoms

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, July 8 1887

Undertaker, Matthew Cadogan

Place of Business, 696 Mulberry St

Charles G. G. G. M. D.
Medical Attendant.

Address, 1220 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1013 Office of Registrar Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Miller

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 3 Months, Days.

Color, Caucasian

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1047

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1047 Cathedral

Cause of Death, { First (Primary), Second (Immediate), } Influenza
Influenza

Duration of Last Sickness, month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1887

Undertaker, W. H. Bishop C. B. Gault M. D.

Place of Business, 97 Druid Hill Address, 925 - Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS, BALTIMORE CITY, MD. 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 1014 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887
Full Name of Deceased, Edith Burley
Sex, Female
Age, five Years, Months Days.

Color, colored
~~Married~~, Single, ~~Widow or Widower~~, Single

Occupation, None

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, 1012 Plum Alley

Cause of Death, Cholera Infantum

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 7th 1887

Undertaker, H. Ross J. A. Seward M. D.

Place of Business, Conway St Address, Croft & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. A. Seward, J. J.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1015 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna M Vintek

Sex, Female, { Cross out the word not required in this line. }

Age, 10 Years, 28 Months, 28 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 1821 Hannemen ave

Cause of Death, { First (Primary), Second (Immediate), } Teething
Cholera Infantum

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 8th 1887

{ Undertaker, Frank Crach } _____ M. D.

{ Place of Business, 827 N Durham } _____ Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry C M Kewen Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1016 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, James J. Carney
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 18 Years, — Months, — Days.

Color, White

Married, Single, Widowed or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Ballplayer

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, —

Place of Death, 1038 S. Charles
{ Give Street and Number. }

Cause of Death, Congestion of the Brain
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished to the Physician.

Place of Burial, St. Catherine's

Date of Burial, July 8

Undertaker, James J. Carney Medical Attendant, Edw. J. McKeown M. D.

Place of Business, 707 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

1017

Office of Registrar of Vital Statistics.

Ward

16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 6/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm H Knott

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

3

Months,

5

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

city

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

801 S Eutaw St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

One week

All the above information should be furnished by the Physician.

Place of Burial,

Laurie Cemetery

Date of Burial,

July 7 1887

{ Undertaker,

Wm H Knott

{ Place of Business,

407 E. Eutaw St

Address,

407 E. Eutaw St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of card.

Health Department, City of Baltimore.

Permit No. A 1018

Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kirchner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 20 Years, 17 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Police

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } No. 11. Castle St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 8th 87

Undertaker, G. Frank

Place of Business, Frank & Wolfe Address, 1001 Police St.

John Kirchner M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. A-1019 Office of Registrar of Vital Statistics.

Ward 13-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Simson Tyson*

Sex, Male or Female, { Cross out the word not }
 required in this line. } Male

Age, Years, $\frac{1}{2}$ Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not
required in this line.} X

Occupation, _____

Birth Place, { State or country, and how
long in the United States.
if of foreign birth. } Baltimore
D.C.

Duration of Residence in the City of Baltimore,..... *2 years*

Place of Death, { Give Street and Number. } 622 W. Baltimore St.

Cause of Death, { First (Primary), Cholera infantum
Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Eden & Lyngrove Cem. Little Point

Date of Burial, July 7th 1887

(Undertaker, *J. G. Sondheim*)

Place of Business, 120 N. Greene Address, 310 N. Euclid St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, Baltimore

Permit No. A 1020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th 30^m A.M. 7th July, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Warren Maynard Lewis Chaffin

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Three Years, Six Months, Three Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Only an Infant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Chattanooga, Tennessee

Duration of Residence in the City of Baltimore, About fifteen months

Place of Death, { Give street and number } 812 N. Howard St. Baltimore, Md.

Cause of Death, { First, (Primary.) Roseola with tonsillitis - when the discharge began - Diphtheria
Second, (Immediate,) about four days

Duration of last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery

Date of Burial, July 8th

{ Undertaker, George Schilling

{ Place of Business, Ball and Square

Wm. L. Probst M. D.
Medical Attendant.

Address, 812 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[over]